



**PRESCRIPTION MEDICATION  
PERMISSION REQUEST FORM**

Fill out and turn in only if Prescription Medicine must be administered at camp.  
**You must provide the medication to the camp in the original packaging.**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

MEDICATION WILL BE GIVEN AT CAMP ONLY if the following guidelines are followed:

1. A parent or legal guardian must sign the Addlestone Hebrew Academy consent form.
2. The medication must be in an original container. If your doctor has changed the dose, the doctor must change the prescription or provide a note on letterhead with the new directions and an original signature (not stamped signature). The prescription must be written for the child to whom it is to be given.

**TO BE COMPLETED BY PHYSICIAN OR OTHER LEGAL PRESCRIBER**

Name of Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Specific time(s) and doses that MUST BE GIVEN AT CAMP: \_\_\_\_\_  
\_\_\_\_\_

Date last seen: \_\_\_\_\_ Date to return: \_\_\_\_\_

Are there any restrictions / side effects? \_\_\_\_\_  
\_\_\_\_\_

Expected length of administration: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Doctor or Legal Prescriber (PRINT)

\_\_\_\_\_  
Signature of Doctor or Legal Prescriber

Doctor or Legal Prescriber's Title \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_